U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
	/ 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name KYISTOPHER SHAPINER	Name Duly 1290 Court 18 Ly & Court TRACE Court		
	Labor Organization File Number 0485 75		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street SANANY	Street 2737 CAMINO JEL RIO SOUTA		
City ESCONDIDO	City SUDIO GALF 92		
State CDA ZIP Code +4 92027	State OSCH - ZIP Code + 4 92108		
5. Position in labor organization. BUSINES MANAGE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
in the state of th	in represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name			
6. Name and address of Employer (including trade name, if any).			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 1. Transaction of Income. 1. Transact		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty of submitted in this report (including the information contained in enalty).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 1. Transaction of Income. 1. Transact		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the second	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Ture Terjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the lion on penalties in the instructions.)		

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Name of Person Filing CILISTON HOLD ANTIEST	,	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4	-		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	50 per 25 25 25 25 25 25 25 25 25 25 25 25 25		
Street			
City	11.b. Approximate dollar value 12.a. Nature of interest held		
State ZIP Code + 4	บุติสร้านสร้านกระบัติของสำหรัฐสมัย สมราชสายสายสมราชสายสายสายสายสาย	of modific received.	
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	te de la Robert de la Section		
	Control of the second		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name Notes	Eudlecas GA	NO ME (1) ONE TICKET	
Trade Name, if any:	 Instance and the property of the	AND SCHOOL ON THE SPENCE OF THE SCHOOL OF CONTROL OF SCHOOL OF SCH	
P.O. Box, Bldg., Room No., if any	PERK, THE	Fry office Admisperial	
Street MO ARCHAIN			
City Dul Dielop	11 Q . a	by Aprelient To Build	
State CASUL ZIP Code + 4 9210	April 19/0	4 @ ROTES PREK	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	#250	